

# South Carolina Department of Disabilities and Special Needs

## PDD State Funded Program Notice of Slot Allotment

Date:

---

Consumer:

---

SSN:

---

Medicaid #:

---

SC/EI/District Office Rep:

---

Chosen Service Coordination Provider:

---

The above referenced individual has been awarded a **PDD State Funded Program** slot. The Service Coordinator/Early Interventionist should proceed with offering the parent/legal guardian a choice of a provider and initiate the assessment and budget approval process.

---

PDD Waiver Contact or designee

---

Date

SAMPLE